

Return to:

City of Concord  
Code Administration  
Health Services Division  
37 Green Street  
Concord, NH 03301  
603-225-8580



Permit #: \_\_\_\_\_

Fee: \$75.00

Make check payable to:  
**CITY OF CONCORD**

**This application must be received  
seven (7) days prior to issuance to  
allow for processing.**

-Police Department Use Only-

No. of Officers Required: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Approved: \_\_\_\_\_

Police Dept.

### **APPLICATION FOR TAXI OPERATOR'S LICENSE**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Company you will be driving for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Years of driving experience: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date Expires: \_\_\_\_\_

**Any record** of motor vehicle violation in this or **any other state**? ☐ Yes ☐ No State: \_\_\_\_\_

**(Including: speeding, parking, stop sign, etc.)**

Have you ever been denied a taxicab license in this city or any other city? ☐ Yes ☐ No

Have you **ever been** arrested for or convicted of a crime? ☐ Yes ☐ No

**ALL APPLICANTS ARE REQUIRED TO SUBMIT ORIGINALS OF THEIR DRIVING AND CRIMINAL RECORDS FROM THE STATE OF NH DIVISION OF MOTOR VEHICLES WITH THIS APPLICATION. COPIES OF THESE FORMS WILL NOT BE ACCEPTED. FALSIFYING INFORMATION ON THIS APPLICATION IS A CRIME AND MAY RESULT IN ARREST, PROSECUTION AND IMMEDIATE DENIAL OF A LICENSE. SHOULD THE APPLICATION BE DENIED, THE APPLICANT IS ENTITLED TO A FULL REFUND PER ARTICLE 15-10-5(d).**

### **LICENSE EXPIRES ON OCTOBER FIRST OF EACH YEAR**

I hereby certify that the above statements are true to the best of my knowledge and belief.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Licensing Coordinator

**ALL LICENSES ISSUED WILL IMMEDIATELY TERMINATE UPON THE SUSPENSION OR REVOCATION OF  
STATE OF NEW HAMPSHIRE DRIVER'S LICENSE.**

Revised: 3/10/15